

City of Hartsville Zoning and Code Compliance

Date:

Name:

Phone Number:

Name of Business:

Address of Property:

Email Address:

Type of Business proposed for the above address: (explain if necessary)

Describe any improvements or alterations to the building or parking area: (i.e. expansion/reduction)

Zoning District: _____ Tax Map Number:

Building Owner's Name:

Building Owner's Mailing Address:

FOR OFFICE USE ONLY

Conforms to Zoning: yes____ no____ Zoning Department Approval: yes____ no

Zoning Department Signature: _____ Date:

Code Official Signature: _____ Date:

Business License Issued Date: __-____-__

Occupant Design Load:

Use Classification:

Automatic Sprinkler System:

FOR OFFICE USE ONLY

Yes No 911 Address Visible

Yes No Fire Extinguisher

Yes No Exits

Yes No Exit Lighting

Yes No Emergency Lighting

Yes No IPMC (List violation codes)

Yes No Permits Required (If yes, check the one that required)

- Building
- Electrical
- Fuel/Gas
- Plumbing
- Mechanical
- Sign
- Zoning

Other
